

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> St. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZEN'S For A Safe Community

IMPORTANT: Indicate by # type of committee you are reporting for: 18

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

N/A

Political Party (if applicable)

Office Sought

District (If Senate or House)

FORM  
DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

## For Office Use Only

Comm. #: \_\_\_\_\_  
Logged in: \_\_\_\_\_  
Scanned: \_\_\_\_\_  
Computer: \_\_\_\_\_  
Audited: \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sam Albrecht  
SIGNATURE OF PERSON FILING REPORT

563-508-0972  
TELEPHONE

10-15-08  
DATE SIGNED

I AM FILING A

October 17<sup>th</sup> 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov 4<sup>th</sup> 2008

County &amp; Local Committees, enter County in which Election is held

Scott

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \_\_\_\_\_ \$

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below) \_\_\_\_\_

Schedule F: Loans Received total (Attach Schedule F) \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) \_\_\_\_\_

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \_\_\_\_\_ \$

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debt and loans below) \_\_\_\_\_

Schedule F: Loan Repayments total (Attach Schedule F) \_\_\_\_\_

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \_\_\_\_\_ \$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \_\_\_\_\_ \$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \_\_\_\_\_ \$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \_\_\_\_\_ \$

CONSULTANT BREAKDOWN (Schedule G Attached) \_\_\_\_\_

YES X NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \_\_\_\_\_ \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS For A Safe Community

SCHEDULE  
E  
(Rev. 05/97)IN-KIND  
CONTRIBUTIONS☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-15-08	AARON PLATH 17635 246 <sup>th</sup> AVE Pleasant Valley, IA 52767	NONE	CASH	\$ 8030.44	<input type="checkbox"/>
10-10-08	Professional Services Network 736 Federal St Davenport IA 52803	NONE	PAID OUT TO For phone Service	\$ 1808.00 PAID OUT TO	<input type="checkbox"/>
10-9-08	Davenport Printing Company 104 Western Ave Davenport IA 52801	NONE	PAID OUT TO For printing CARDS	\$ 1112.80 PAID OUT TO	<input type="checkbox"/>
10-15-08	Bullseye Direct Mail 5101 C Tremont Ave Davenport, IA 52807	NONE	PAID OUT TO For mailing	\$ 5109.64	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 8030.44

TOTAL (if last  
page of this  
schedule) \$ 8030.44

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)